

3-cv-00165-LGW-CLR Document 10 Filed 0

CERTIFIED MAIL® RECEIPT
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Washington, DC 20412

Certified Mail Fee	\$ 4.35	0259
\$	6.255	04
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 1.00	Postmark Here
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00	
<input type="checkbox"/> Adult Signature Required	\$ 0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____	
Postage	\$ 1.83	07/11/2023
\$		
Total Postage and Fees	\$ 9.73	
\$		

Send To
DEPARTMENT OF VETERANS AFFAIRS
 Street and Apt. No., or PO Box No.
WASHINGTON, DC 20412 GOVERNMENT AVE
 City, State, ZIP+4
DELIVERED

PS Form 2890, April 2015 GPO:2015-07-000-9047
See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT		SUBPOENA FOR RECORDS	
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Philadelphi Pa 19104			
OFFICIAL USE			
Certified Mail Fee		\$ 4.35	
\$		0259	
Extra Services & Fees (check box, add fee as appropriate)		(04)	
<input type="checkbox"/> Return Receipt (hardcopy)		\$ 0.00	
<input type="checkbox"/> Return Receipt (electronic)		\$ 0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery		\$ 0.00	
<input type="checkbox"/> Adult Signature Required		\$ 0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery		\$ 0.00	
Postage		\$ 1.82	
\$		Postmark Here	
Total Postage and Fees		\$ 9.73	
\$		07/11/2023	
Sent To		7/17/2023	
GTC MEDICAL PHILADELPHIA PA		DELIVERED	
Street and Apt. No. or PO Box No.		7/17/2023	
City, State, ZIP+4			

047 See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT** *Subpoena for
Records*

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OFFICIAL USE

Janesville, WI 53547

Certified Mail Fee *\$ 4.35*

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

Postage *\$ 0.64*

Total Postage and Fees *\$ 4.99*

0259
04

**Postmark
Here**

07/19/2023

Sent To
V.A. INJURIE CENTER
Street and Apt. No. or PO Box No.
JANESVILLE, WI 53547
City, State, ZIP+4

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT RECORDS	
Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
San Antonio, TX 78231	
OFFICIAL USE	
Certified Mail Fee \$1.85	
0259 04	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ 0.00
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00
Postage \$1.85	
Postmark Here	
07/11/2023	
Total Postage and Fees \$3.75	
Sent To RIC MEDICAL Street and Apt. No. or PO Box No. SAN ANTONIO TX City, State, ZIP+4®	
<i>DELIVERED</i>	

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT RECORDS <i>Domestic Mail Only</i> ANSWER MOTION	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
Washington, DC 20420	
Certified Mail Fee \$ 4.35	
Extra Services & Fees (check box add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ 11.00	
<input type="checkbox"/> Return Receipt (electronic) \$ 0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ 0.00	
<input type="checkbox"/> Adult Signature Required \$ 0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ 0.00	
Postage \$ 0.66	
Total Postage and Fees \$ 4.66	
0259 05	
Postmark Here	
07/25/2023	
Sent to VETERANS BENEFITS ADMINISTRATION Street and Apt. No., or P.O. Box No. 810 New Vermont Ave City, State ZIP+4® WASHINGTON, DC 20420	
PS Form 3800, April 2015 PSN 7530-02-000-9047	
See Reverse for Instructions	

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of Georgia

VERNON BELLAMY

Plaintiff(s)

v.

DEPARTMENT OF VETERANS AFFAIRS

Defendant(s)

Civil Action No. CV 423-165

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OFFICE (316)
MSC PUBLIC CONTACT

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* DEPARTMENT OF VETERANS
AFFAIRS
VETERANS BENEFITS
ADMINISTRATION
810 VERMONT AVE.
NW
WASHINGTON, DC

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: **VERNON BELLAMY**

2027 ALABAMA
AVENUE
SOPERTON, GA
30457

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 07/07/23



CLERK OF COURT

Logan Hall
Signature of Clerk or Deputy Clerk